

FILED

NOV 13 2007

Gary Graffunder
c/o E. E. Clark
54 Voorheesville Ave
Voorheesville, NY 12186

PEGGY B. DEANS, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF N.C.

Clerk
U.S. Bankruptcy Court
P.O. Box 1441
Raleigh, North Carolina 27602-1441

To Whom It May Concern,

I have received a notice of objection to my claim against International Heritage Inc., Case No 98-02675-5-ATS. This notice says that this is a duplicate claim.

Enclosed are copies of my paperwork which was used in my claim and also a letter to me from Maupin Taylor & Ellis stating that my claim will be entitled to the SEC funds. My claim was for \$750.00, no other claim was made by me.

If I understand your notice correctly, you are only denying a duplicate claim.....which I have not made. I look forward to receiving a check in the above amount. This case has been going on for 10 years.....

Sincerely,



Gary A. Graffunder

cc: Holmes P. Harden

Holmes P. Harden, Trustee for IHI
P.O. Box 536
Benson, NC 27504

Claim No.: 0055C
Amount: \$750.C

Basis for Objection: Amended and replaced by claim no. 8395. Deny.

0001 0001254 00000000 001 001 01254 INS: 0 0

GARY G. GRAFFUNDER
C/O E.E. CLARK
54 VOORHEESVILLE AVE.
VOORHEESVILLE, NY 12186

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION

IN RE:
INTERNATIONAL HERITAGE, INC.
Debtor.

CASE NO: 98-02675-5-ATS

CHAPTER 7

NOTICE OF OBJECTION TO CLAIM

NOTICE IS HEREBY GIVEN of the Trustee's Objection to Claim filed with the court on October 26, 2007 pursuant to which the trustee objects to one or more proofs of claim filed by you in the above-captioned case.

NOTICE IS FURTHER GIVEN THAT the specific basis of the Trustee's objection to your claim is as follows: **Claim is a duplicate claim. Trustee requests denial of duplicate claim.**

You should read this objection carefully and discuss it with your attorney if you have one. Any correspondence must be in writing. Your claim may be reduced, modified, or disallowed in its entirety if the bankruptcy court sustains the trustee's objections.

NOTICE IS FURTHER GIVEN that if no response to the trustee's objection explaining your position and requesting a hearing is filed in writing with the **CLERK, U.S. BANKRUPTCY COURT, P. O. BOX 1441, RALEIGH, NORTH CAROLINA 27602-1441** with a copy to **Holmes P. Harden, Trustee for IHI at P. O. Box 536, Benson, NC 27504** within **30 days of the date of this notice**, the relief requested by the Trustee may be granted without hearing or further notice. **If a hearing is requested such hearing will be held on November 29, 2007 at 1:00 p.m. at the United States Bankruptcy Courthouse and Post Office Building, Room 208, 300 Fayetteville Street Mall, Raleigh, North Carolina. Any party requesting a hearing shall attend said hearing in support of such request or (s)he may be assessed with costs.**

Dated: October 26, 2007

BY:/s/ Holmes P. Harden
Holmes P. Harden, Trustee

MAUPIN TAYLOR & ELLIS, P.A.
ATTORNEYS AT LAW
HIGHWOODS TOWER ONE
SUITE 500
3200 BEECHLEAF COURT
RALEIGH, NORTH CAROLINA
27604-1064
TELEPHONE 919.981.4000
TELEFAX 919.981.4300

MAILING ADDRESS
POST OFFICE DRAWER 19764
RALEIGH, NORTH CAROLINA
27619-9764

HOLMES R. HARDEN
BOARD CERTIFIED SPECIALIST
IN BANKRUPTCY LAW

Maupin Taylor & Ellis P.A.

480 BETA BUILDING
HEADQUARTERS PARK
2222 CHAPEL HILL NELSON HWY.
DURHAM, NORTH CAROLINA
27713
TELEPHONE 919.361.4900
TELEFAX 919.361.2262

MAILING ADDRESS
POST OFFICE BOX 13646
RESEARCH TRIANGLE PARK
NORTH CAROLINA
27709-3646

WWW.MAUPINLAW.COM

November 18, 2002

Gary Graffunder
C/o E. E. Clark
54 Voorheesville Avenue
Voorheesville, NY 12186

Re; International Heritage, Inc.
Case No.: 98-02675-5-ATS

Dear Mr. Graffunder:

In response to your letter of October 31, 2002, we are currently working on objections to claims which we hope to file early next year. The objections will have a 30 day notice and when the orders are entered by the court we will begin the first distribution.

We have reviewed your claim and it is claim no. 8395 in the amount of \$750.00 and it will be allowed as a priority claim and entitled to the SEC funds which will be the first distribution. You will not receive a notice of the objections.

If you have any other questions, please feel free to email me at jjohnson@maupintaylor.com and I will respond as soon as possible. We appreciate your patience regarding this case.

Sincerely,

Jenny D. Johnson
Jenny D. Johnson
Paralegal

Sent E-mail 5/20/03

Form B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor International Heritage Inc.		Case Number 98-02675-5-ATS
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A fee must be paid for payment of an administrative expense, and the fee must be paid to the U.S. Trustee. 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Gary A. Graffunder	<input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use (
Name and address where notices should be sent: Gary A. Graffunder c/o Edward E. Clark 54 Voorheesville Avenue Voorheesville, New York 12186 Telephone number: (518) 765-4353		
Account or other number by which creditor identifies debtor: 073441062	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Initial Investment</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 1/27/97	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 750.00 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter in respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <u>GARY A. GRAFFUNDER</u>		This Space is For Court Use (
Date _____ Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Gary A. Graffunder</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

INTERNATIONAL HERITAGE, INC.

INDEPENDENT RETAIL SALES REPRESENTATIVE APPLICATION

FILED**REPRESENTATIVE INFORMATION** (Applying Representative)

Social Security Number / Federal Tax ID#

073441062

Name of Representative (Last)

GRAFFUNDER

(First)

GARY

FEB 16 1999

Mailing Address (No P.O. Boxes)

C/O E E CLARK 54 VOORHEESVILLE AVE

City/Town

VOORHEESVILLE

State

NY

Zip Code

1211

Home Phone

518 765 4353

Business Phone

518 765 4800

Fax Number

Check one of the following:

Development Leader (1 Retail Business Center - does not require immediate certification)

☒ Development Leader 1 (3 Retail Business Centers - requires immediate certification)

Development Leader 2 (7 Retail Business Centers - requires immediate certification)

Other: _____

PLACEMENT SPONSOR INFORMATION (where this new Retail Business Center is to be placed)

Social Security Number / Federal Tax ID#

138245

Number

EXTENSION

002

Left or Right (circle)

☒ L☐ R

Name of Representative (Last)

CLARK

(First)

CHRISTIAN

Home Phone

518 884 8502

Business Phone

AND/OR

Fax Number

SPONSOR (if different from above)

Social Security Number / Federal Tax ID#

Name of Sponsor (Last)

(First)

(Initial)

I AGREE TO THE ABOVE INDICATED INFORMATION AND AM BOUND BY THE TERMS OF THE POLICIES AND PROCEDURES MANUAL AND THE TERMS AND CONDITIONS OF THE INDEPENDENT RETAIL SALES REPRESENTATIVE AGREEMENT.

Representative's Signature

Date

PAYMENT OPTIONS

A. Credit Card Authorization: (Must be filled out completely)

☐ MasterCard ☐ Visa (No other credit card accepted)

Card # _____

Expiration Date _____

Name of Cardholder _____

Signature _____

B. Certified Check/Money Order # _____

C. Personal Check# _____

(Personal Check Acceptance Form must be attached)

Mail Certified Check or Money Order along with original to:

INTERNATIONAL HERITAGE, INC.

2626 Glenwood Ave., Suite 200 • Raleigh, NC 27608

Phone: (919) 571-4646

* Fax copies not accepted

Application Fee

\$ 0

Administrative Fee (optional)

\$ 25.00

Access to: Data & Commission processing, news-letter, back office support & communications, product updates, accounting & other customary services

Retail Business Career Kit

\$ 75.00

Start up materials, flip chart presentation, sample forms, audio/video, product catalogue, monthly planner, etc. (not for profit)

Career Kit State & Local Sales Tax %

\$

Delivery Charge

\$

on Retail Business Career Kit (choose one)

☐ 2 Day Air \$15.00 ☐ Ground \$10.00

Total from Product Order Form, Retail

\$ 133

Business Agreement and Sales Aids Form

TOTAL AMOUNT ENCLOSED

\$ 75

INTERNATIONAL HERITAGE, INC.

INDEPENDENT RETAIL SALES REPRESENTATIVE RETAIL RECEIPT FORM

The Independent Retail Sales Representative Retail Receipt Form is a required document for all direct product purchases and all Retail Business Agreements. If this form is not attached to a product order or Retail Business Agreement the paperwork will not be processed and will be returned to the Selling Representative.

PURCHASING CUSTOMER INFORMATION

GRAFFUNDER, GARY A
Name
54 VOORHEESVILLE AVE
Street Address C/O E. CLARK
VOORHEESVILLE, NY 12186
City State Zip
(518) 765-4353 (518) 765-4805
Home Phone Business Phone

SELLING REPRESENTATIVE INFORMATION

CHRISTIAN E. CLARK
Name
119 GOLDFINCH LANE
Street Address 12020
BALLSTON SPA, N.Y. ~~12020~~
City State Zip
138245 (518) 884-8502
Representative ID # Telephone

If the purchasing customer is considering joining International Heritage as a Representative but is purchasing product(s) prior or at the time of his/her association, this prospective Representative is making a retail product purchase as a non-member. If the purchasing customer subsequently becomes associated with the Company and orders products at a later date, those products would be considered purchases for personal consumption unless they are purchased for a retail sale.

*The cancellation provisions of this receipt form apply only to the retail product purchase associated with this transaction. These cancellation provisions are unrelated to the cash-out option of the Retail Business Agreement (RBA).

ITEM #	PRODUCT DESCRIPTION	QTY.	SIZE	COST	TOTAL
9301	10Z GOLD EAGLE W/ BEZEL	①		500.-	
9101	14K SOFT CLEO BANGLE BRAC	①		500.-	
5043	WATERFORD PARKMORE LAMP	①	WHITE SHADE	335.-	
100% SATISFACTION GUARANTEE Thank you for your order! If for any reason you are not completely satisfied with your product selection, you may return it within 10 days after receipt for a full refund from your International Heritage Independent Retail Sales Representative.				SUBTOTAL	1335.-
				TAX (n/a if RBA)	—
				SHIPPING (n/a if RBA)	—
				TOTAL	1335.-

Purchasing Customer Signature

Date

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE NOTICE OF CANCELLATION FORM ON BACK FOR AN EXPLANATION OF THIS.

**INTERNATIONAL HERITAGE, INC.
2ND ANNUAL TRIP TO PARADISE
SPRING PROMOTION ORDER FORM**

Florida residents must use the Florida Promotion Order Form. To take advantage of this promotion, this application must be completed and sent to the Company with the Representative Application and Retail/Receipt Form. The Company will not honor orders or back date business volume if you fail to send this form. The Retail Business Agreement will not be accepted for this promotion. Quantities are limited and this offer will expire.

BUYER'S INFORMATIONNew Representative's Social Security Number 073 44 1062GRAFFUNDER

Name (Last)

GARY

(First)

A

(Initial)

Company Name (Contact name must be provided above)

Shipping Address (no P.O. Boxes)

C/O E. CLARK, 54 VOORHEESVILLE AVENUE

City/Town

VOORHEESVILLE

County

ALBANY

State

NEW YORK

Zip Code

12186

Home Phone

(518) 765-4353

Business Phone

(518) 765-4805

Fax Number

Cellular/Pager

CHECK ONE:

Development Leader

No enhanced RSBV products available

(1 Retail Business Center with 60 day Cash-Out Option)

Development Leader One

May select 2 products with 400 RSBV

(3 Retail Business Centers - Cash-Out Option not available)

Development Leader Two

May select 4 products with 400 RSBV

(7 Retail Business Centers - Cash-Out Option not available)

PRODUCT INFORMATION (Products must carry at least 200 BV to certify business center)

Business Center	Item #	Description	Color/Size	RSBV
001	<u>9301</u>	<u>102. GOLD EAGLE W/14K BEZEL</u>		<u>200</u>
002	<u>9101</u>	<u>14K SOFT CLEO BANGLE BRACELET</u>		<u>400</u>
003	<u>5043</u>	<u>WATERFORD LAMP-25" PARKMORE</u>	<u>WHITE</u>	<u>400</u>
004				
005				
006				
007				

I agree to the above indicated information and will be bound by the terms and conditions contained in the policy and procedures, and the Independent Retail Sales Representative Agreement and Handbook.

Purchaser's Signature

Date

1/27/97

Mail payment along with original to:

International Heritage, Inc.,
2626 Glenwood Avenue, Suite 200,
Raleigh, NC 27608
Phone: (919) 571-2528 for Rep Services
Fax Copies Not Accepted

Any Representative who successfully achieves a Level 1 earnings is not eligible for the Cash-Out Option.

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